

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107186527 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3		2					53					
4		2					54					
5		8					55					
6		8					56					
7		8					57					
8		8					58					
9							59					
10	1						60					
11	1						61					
12	1						62					
13		3					63					
14		8					64					
15		8					65					
16		8					66					
17		8					67					
18		8					68					
19		8					69					
20		8					70					
21		8					71					
22		8					72					
23							73					
24							74					
25							75					
26							76					
27							77					
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31							81					
32							82					
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35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2						TOTAL IND.					
TOTAL DEP.	24	↓					TOTAL DEP.					
TOTAL CLAIMS	26	████████	████████	████████	████████	████████	TOTAL CLAIMS	████████	████████	████████	████████	████████